

**MULTIPLE DEFENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PT-017)**

SERIAL NO.

APPLICANT

FILING DATE

7-21-03 0288

CLAIMS

	AS FILED		AFTER IN ALLOCATION		AFTER IN ALLOCATION	
	NO.	OCF.	NO.	OCF.	NO.	OCF.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
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50						
TOTAL NO.	3		3			
TOTAL OCF.	20		20			
TOTAL	23		23			

	NO.	OCF.	NO.	OCF.	NO.	OCF.
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TOTAL OCF.						
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